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|                      | Class | Subject |
| ISSUE CLASSIFICATION |       |         |

PATENT NUMBER

## U.S. UTILITY Patent Application

O.I.P.E. PATENT DATE

KS 310 Q.A. 4A

SCANNED

|                              |            |              |                  |                        |                       |
|------------------------------|------------|--------------|------------------|------------------------|-----------------------|
| APPLICATION NO.<br>09/742946 | CONT/PRIOR | CLASS<br>345 | SUBCLASS<br>7.66 | ART UNIT<br>2671<br>32 | EXAMINER<br>J. Garcia |
|------------------------------|------------|--------------|------------------|------------------------|-----------------------|

**ANTS** Steven Rogers  
Jason King

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Peng Ka

**TITLE:** **APPLICANTS**

System and method for performing type checking for hardware device nodes in a graphical program

PTO-2040  
12/89

**Best Available Copy**

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
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| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. _____<br><br><input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed. | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|   | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
|   |  |             | Amount Due                        | Date Paid    |
|   | _____<br>(Legal Instruments Examiner) (Date) |             | <b>ISSUE BATCH NUMBER</b>         |              |
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